



COMMONWEALTH of VIRGINIA

Department of Veterans Services Benefits Services

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SERVICE-DISABLED, VETERAN-OWNED SMALL BUSINESS (SDVOSB) PROGRAM

Application for Certification as a Service-Disabled Veteran

PURPOSE: The use of this form is authorized to apply for certification as a Service-Disabled Veteran in accordance with § 2.2-2001 and § 2.2-4310 of the Code of Virginia. A Service-Disabled Veteran means a veteran who (i) served on active duty in the United States military ground, naval, or air service, (ii) was discharged or released under conditions other than dishonorable, and (iii) has a service-connected disability rating fixed by the United States Department of Veterans Affairs.

INSTRUCTIONS: Complete in full the application on the following page and attach a copy of your last VA Rating Decision or Summary of Benefits Letter. Please be advised that incomplete forms may be returned to you.

Submit your application to the address below, or fax to (540) 857-6437.

Virginia Department of Veterans Services
210 Franklin Rd, SW, Room 810
Roanoke, Virginia 24011

The Virginia Department of Veterans Services looks forward to receiving your application. If you need additional assistance or have questions, please call (540) 597-1730.

Thank you for your service to our country.

AN EQUAL OPPORTUNITY EMPLOYER

101 N. 14th Street, 18th Floor, Richmond, Virginia 23219

www.dvs.virginia.gov

APPLICANT INFORMATION		
Name (Last, First, Middle Initial)		
Social Security Number or VA Claim Number	Date of Birth	Phone Number
Mailing Address		
City	State	Zip Code
Small Business Information		
Business Name		
Business Mailing Address and email address		
Business E-Mail Address		
City	State	Zip Code
Phone Number	Federal Tax ID Number	Month/Year of Inception
Number of Employees		
Would You Like Information Regarding Virginia's Initiative to Hire Veterans (V3)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR INTERNAL USE ONLY		
Service Connected <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Disability	
Qualified <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reviewer's Signature		Date
Chief, Benefits Center of Excellence Signature		Date

